

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033591

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 210

FILED SEP 27 1962

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Centralia	
Length of stay in lb 2 days		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Audrain County		d. STREET ADDRESS (If outside, give location) 721 East Early	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) William Hardin Puls			4. DATE OF DEATH Month Sept Day 19 Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	8. DATE OF BIRTH 12/14/1877	9. AGE (last birthday) 84	10. IF UNDER 1 YEAR Months 9 Days 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Audrain County Mo	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John David Puls		13b. MOTHER'S MAIDEN NAME Lucy Kathryn Wisdom	
14. NAME OF HUSBAND OR WIFE Lottie Puls		17. INFORMANT Mrs William H Puls Centralia Mo	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. ADDRESS Centralia Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease DUE TO (c) 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 3 days
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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20c. TIME OF INJURY Hour a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Centralia	COUNTY Mo	STATE Mo
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21. I attended the deceased from 1-19-1959 to 9-19-1962 and last saw him alive on 9-19-62 Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE J P Kallmeyer M.D.	(Degree or title)	22b. ADDRESS Mexico, Mo	22c. DATE SIGNED 9-21-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/22/62	23c. NAME OF CEMETERY OR CREMATORY Centralia	23d. LOCATION (City, town, or county) Centralia, Mo
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24. FUNERAL DIRECTOR Blue J. Meador	ADDRESS Centralia, Mo	25. DATE RECD. BY LOCAL REG. Sept 22-1962	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bill J. Meade

Licensed Embalmer No. 4876

P. O. Address

Centuria, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.